

OFFICIAL OFFICE USE ONLY		DATE RECEIVED:
Application #:	Inspection Date:	Rebate \$
Approved <input type="checkbox"/>	Comments:	Toilet #:
Disapproved <input type="checkbox"/>	Signature:	Date:



PLUMBER APPLICATION: REBATE CHECKS FOR THIS APPLICATION WILL BE WRITTEN TO THE PLUMBER'S COMPANY NAME AND NOT THE WATER ACCOUNT HOLDER. Print in Blue or Black ink only.

***PLUMBER'S COMPANY NAME:**

*Last Name:	*First Name:		
Email:	*Phone: () -		
*Mailing Address (For Rebate):	City:	State:	Zip:
WATER ACCOUNT HOLDER: Complete details as they appear on the water bill	*Water Account #		
*Last Name:	*First Name:		
*Service Address (as appears on bill):	*Phone:		
	City:	Zip:	

OLD TOILET INFORMATION (READ GUIDELINES FOR DIAGRAM)

Toilet #	Toilet 1	Toilet 2	Toilet 3	Toilet 4	Toilet 5
GPF					

NEW TOILET INFORMATION

# of Toilets	Brand Name:	Model Name:	Install Date:	Price (plus tax):	OFFICIAL USE: EPA #

Additional Comments (Toilet age):

TURN OVER TO COMPLETE →

DISCLAIMER

- Rebates are only available to City of Raleigh water or sewer customers. Rebate(s) will not be disbursed to customers whose account owes past due fees or to those who do not purchase an EPA **WaterSense** labeled toilet(s).
- **Original receipt(s) for the toilet(s) listed on this application must be included with the application.** Rebate(s) will cover only the cost of the toilet. Installation charges will not be included in this rebate.
- Applicants must dispose of their old toilets properly. The City of Raleigh is not responsible for improper disposal methods.
- Filing an application does not ensure rebate disbursement. Program is not responsible for materials lost by mail. Rebates are granted on a first-come, first serve basis, while funding and supplies last. Program is subject to change or terminate without prior notice.
- **The City of Raleigh makes no warranties or representations that the HET toilet selected by the applicant will perform as represented by its manufacturer or seller or that reduced water consumption will occur for use of the HET toilet. The City of Raleigh is not responsible for the work of the installer, whether a licensed plumber or otherwise.**

ACCOUNT HOLDER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- ☐ I acknowledge that I am the City of Raleigh account holder for the address listed on this application; and that my water consumption data may be used for program monitoring.
- ☐ I have read and agree the program guidelines and conditions. I acknowledge that the toilet(s) provided in this application were installed at the above address and I agree to an inspection of these toilets.
- ☐ I understand that the rebate for this application will be given to the plumber listed on this application for providing me with a 'Direct Rebate'.

FULL NAME (ALL CAPS): _____

SIGNATURE: _____ DATE: _____

PLUMBER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- ☐ I acknowledge that I, a licensed plumber, have installed the toilet(s) listed in this application according to the instructions of the manufacturer.
- ☐ I have read and agree to the program guidelines and conditions.
- ☐ **I have included the original receipts for the toilet listed on this application.**

FULL NAME (ALL CAPS): _____

SIGNATURE: _____ DATE: _____

NC LICENSE NUMBER: _____

APPLICATION MUST BE MAILED WITH ORIGINAL RECEIPT TO:

City of Raleigh
C/O Toilet Rebate Program
One Exchange Plaza, Suite 620
Raleigh, NC 27602